

State of Hawaii COMMISSION ON WATER RESOURCE MANAGEMENT Department of Land and Natural Resources

COMPLAINT / DISPUTE RESOLUTION FORM

Instructions: Please print in ink or type and send completed form with attachments to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. For further information and updates to this application form, visit http://www.hawaii.gov/dlnr/cwrm.

TMK parcel described in Section 2.

For	Official	Use	Only:

Complaint File No: C

1.	Name:	Date:
	Daytime Phone No.:	Fax No
2.		er problem:
3.		out or dispute with is: (if more than one party, please attach additional sheets)
	Name:	
	Phone No.:	

If the party is not the landowner listed in Section 2 above, please describe the party's relationship to the

4.	Describe the complaint or reason for the dispute: (Attach a sketch or photograph if that will help explain the problem.)	
5.	Describe how your water usage or water rights are specifically affected by the other party, if at all:	
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6.	Date the problem was first noticed:		
7.	If this complaint or dispute is related to a water source, was the water source previously declared with the Commission on Water Resource Management?		
	☐ Yes ☐ No ☐ Don't Know		
If yes, what was the name and tax map key of the source?			
8.	Have you had any communication with the party/parties described in Section 3 above?		
	☐ Yes ☐ No		
	If yes, list the communications and dates: (Attach copies if written communications were made)		
9.	Have you sought resolution of this matter with any other entity? (e.g., government agency, judicial body, or private entity)		
	If so, with whom and what was the outcome? (Please provide copies of any documentation of this process)		

10.	Describe what you believe a successful and fair remedy might be:			
I request that the Commission on Water Description Management assist in modeling the matter described by				
I request that the Commission on Water Resource Management assist in resolving the matter described herein.				
	Signature	Date		
	Signature	Date		